Image# 14941772815 PAGE 1 / 36

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

_		For Other Than An	Authorized	Committee			Office Use Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing r the lines.	, type	12FE4M5		
Α	mericas Health Insur	rance Plans PAC (AHIP PAG	C)				
L								
ADI	DRESS (number and street)	601 Pennsylvania Aver	nue, NW					
Ė	Check if different	South Building, Suite 5	00					
L	than previously reported. (ACC)	Washington				DC	20004	
2.	FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		S	TATE 🛦	ZIP CODE ▲	_
	C C00106740		3. IS THIS REPORT	× NE		AM (A)	IENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	Ma	ay 20 (M5)	Aug	20 (M8) Nov 20 (M1 (Non-Election Year Only)	,
	(a) Quarterly Reports:	П. П	Mar 20 (M3)	Ju	n 20 (M6)	ш.	20 (M9) Dec 20 (M1 (Non-Election Year Only)	2)
	April 15		Apr 20 (M4)	× Ju	I 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)) —
	Quarterly Report (0	(C) 12-Day		Primary (12P)		General ((12G) Runoff (12R)
	Quarterly Report (0	Report for the	ne:	Convention (12	2C)	Special (1	12S)	
	Quarterly Report (January 31 Year-End Report (lection on	M = M /	D D /	Y	in the State of	1
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G)		Runoff (3	0R) Special (30S	5)
	Termination Report (TER)	·	lection on	M = M /	D D /	Y	in the State of]
5.	Covering Period 0)14	through	M M M	30	2014	
l ce	ertify that I have examined the	nis Report and to the be	st of my know	wledge and be	lief it is true	e, correct and	l complete.	_
Тур	e or Print Name of Treasure	Charles W. Stellar						
Sigı	nature of Treasurer Cha	rles W. Stellar		[Electronically 1	Filed] Da	ate 07	/ D D / Y Y Y Y Y 1 Y 1 1 2 2 1 4 2 1 4 2 1 4 2 1 4 1 4 1 4 1	′
NO ⁻	TE: Submission of false, error	neous, or incomplete inform	nation may su	bject the perso	n signing thi	s Report to th	ne penalties of 2 U.S.C. §437g	
	Office Use						FEC FORM 3X Rev. 12/2004	_

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 06 01 2014 To: 06 30 2014

		COLUMN A This Period			
6.	(a) Cash on Hand January 1, 2014		30654.98		
	(b) Cash on Hand at Beginning of Reporting Period	22625.41			
	(c) Total Receipts (from Line 19)	23265.57	94081.90		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45890.98	124736.88		
7.	Total Disbursements (from Line 31)	20563.32	99409.22		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25327.66	25327.66		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		40040.57
(i) Itemized (use Schedule A)	17794.54	43343.57
(ii) Unitemized	471.03	8238.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	18265.57	51581.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	5000.00	42500.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	23265.57	94081.90
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	2.22
(from Schedule H3)	0.00	0.00
	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Tatal Transfers (a.11.40(a) 1.40(b)	200	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	23265.57	94081.90
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	23265.57	94081.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal Astricts (force Onlocated Ltd)		Calendar Year-to-Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) I oderar eriare				
(ii) Non-Federal Share		0.00		
(b) Other Federal Operating Expenditures	63.32	409.22		
(c) Total Operating Expenditures		100,22		
(add 21(a)(i), (a)(ii), and (b)).	63.32	409.22		
Transfers to Affiliated/Other Party		0.00		
Committees Contributions to		0.00		
Federal Candidates/Committees and Other Political Committees	20500.00	99000.00		
Independent Expenditures				
(use Schedule E) Coordinated Party Expenditures		0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use scriedule r)		0.00		
Loan Repayments Made	0.00	0.00		
	0.00	0.00		
Loans MadeRefunds of Contributions To:		0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
		7		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00			
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c)))▶	0.00		
. Other Disbursements		0.00		
Other Dispursements	0.00	0.00		
Federal Election Activity (2 U.S.C.	§431(20))			
(a) Allocated Federal Election Act	tivity			
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) i ederal offare				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid		0.00		
With Federal Funds (c) Total Federal Election Activity		0.00		
Lines 30(a)(i), 30(a)(ii) and 3		0.00		
	, , , , , , , , , , , , , , , , , , , ,			
Total Disbursements (add Lines 21				
23, 24, 25, 26, 27, 28(d), 29 and	30(c)) 20563.32	99409.22		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30	O(a)(ii)			
from Line 31)	≥ 20563.32	99409.22		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	23265.57	94081.90
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23265.57	94081.90
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	63.32	409.22
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	63.32	409.22

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

36

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140708115241-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 30 2014 City State Zip Code Transaction ID: 20140708115254-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 13 2014 City State Zip Code Transaction ID: 20140708115241-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	=	7	OF	36	
ı	(check only one)									
	×	11a		11b		11c		12	2	
ı		13		14		15		16	6	17

		atements may not be sold or used by any personame and address of any political committee to	
\ N	AME OF COMMITTEE (In Full)		
<u>م</u> (Americas Health Insurance Plan	s PAC (AHIP PAC)	
	ull Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
M	lailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		06 30 _ 2014 _
Ci	ity Santa Sa	State Zip Code	Transaction ID : 20140708115254-4
	Vashington	DC 20004	Amount of Each Receipt this Period
	EC ID number of contributing sederal political committee.	C	208.33
N	ame of Employer	Occupation	
Aı	merica's Health Insurance Plans	Executive Vice President, Clinical Aff	
R	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	2499.96	
3. <u> </u>	ull Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
М	lailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
	Suite 500, South Building ity	State Zip Code	06 13 2014 Transaction ID : 20140708445244 5
	Vashington	DC 20004	Transaction ID: 20140708115241-5 Amount of Each Receipt this Period
		2000	Amount of Lacif Receipt this Fellou
fe	EC ID number of contributing ederal political committee.	C	41.67
	ame of Employer	Occupation	
	merica's Health Insurance Plans	Regional Director	
R	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.04	
	ull Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
M	lailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y
_	Suite 500, South Building	01.1.	06 30 2014
	ity Vachington	State Zip Code DC 20004	Transaction ID : 20140708115254-5
_	Washington	20004	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	41.67
N	ame of Employer	Occupation	
	merica's Health Insurance Plans	Regional Director	
R	eceipt For:	Aggregate Year-to-Date ▼	
-	Primary General	500.04	
	Other (specify) ▼	500.04	
SUE	BTOTAL of Receipts This Page (optional)	>	291.67
TO1	TAL This Period (last page this line number o	nly)	
	and the second s	•	,

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF	36	
(0	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

	g the name and address of any political committee	
Americas Health Insurance	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	1	06 13 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : 20140708115241-6
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	999.96	
Full Name (Last, First, Middle Initial) . Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Avenu	e N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building		06 30 2014
City	State Zip Code DC 20004	Transaction ID : 20140708115254-7
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	999.96	
Full Name (Last, First, Middle Initial) . Winthrop Cashdollar	l	Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building		06 13 2014
City	State Zip Code	Transaction ID : 20140708115241-7
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (options	al)	229.16
· · · · · · · · · · · · · · · · · · ·		
TOTAL This Period (last page this line nur	nber only)	

SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 9 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	×	ck only 11a 13	one) 11b 14	11c	12		17	-
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC)								

Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Aver	nue N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Buildir		06 30 2014
City	State Zip Code	Transaction ID: 20140708115254-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Aver		M = M / D = D / Y = Y = Y
Suite 500, South Buildi		06 13 2014
City	State Zip Code DC 20004	Transaction ID : 20140708115241-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, Marketing and Graphics	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, 1991 09 ato 10 at 10 Bato 4	
Other (specify) ▼	1250.04	
Full Name (Last, First, Middle Initial) . Yvonne Chanatry	l	Date of Receipt
Mailing Address 601 Pennsylvania Aver	nue N W	M M / D D / Y Y Y Y
Suite 500, South Buildi		06 30 _ 2014 _
City	State Zip Code	Transaction ID : 20140708115254-9
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	\dashv
America's Health Insurance Plans	Vice President, Marketing and Graphics	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1250.04	
CURTOTAL of Descripts This Dags (sertis	nal)	270.84
SUBJULAL OF RECEIPTS THIS PAGE (OPTIO	nan	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF 36 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Rebecca Cole Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Director, Public Affairs Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rebecca Cole Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Director, Public Affairs Aggregate Year-to-Date ▼ 375.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Executive Director Insurance Education Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D J 2014 Transaction ID: 20140708115241-13 Amount of Each Receipt this Period 62.50
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		125.00

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) X 11a 11b 11c

36

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140708115254-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 13 2014 City State Zip Code Transaction ID: 20140708115241-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 2014 City State Zip Code Transaction ID: 20140708115254-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) 479.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 11c

36

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140708115241-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 30 2014 City State Zip Code Transaction ID: 20140708115254-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 13 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140708115241-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER:	PAGE	: 13 OF
Use separate schedule(s)	(check only	one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
	13	14	15	16

36

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pl	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania Avenue I	N.W.	Date of Receipt
Suite 500, South Building		06 30 2014
City	State Zip Code	Transaction ID : 20140708115254-18
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	1
America's Health Insurance Plans	Deputy Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial) Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue I	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	Otata Zin Coda	06 13 2014
City	State Zip Code	Transaction ID : 20140708115241-19
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	1
America's Health Insurance Plans	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial) C. Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N W	M M / D D / Y Y Y Y Y
Suite 500, South Building		06 30 2014
City	State Zip Code	Transaction ID : 20140708115254-20
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	-
America's Health Insurance Plans	Senior Vice President	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.04	
SUBTOTAL of Receipts This Page (optional).		125.01
TOTAL This Period (last page this line numb	er only)	

	FOR LINE N	NUMBER:	PAGE	: 14 O	F
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

36

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M M / D D / Y Y Y Y
Suite 500, South Building		06 13 2014
City	State Zip Code	Transaction ID: 20140708115241-20
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27.08
Name of Employer	Occupation	
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	324.96	
Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	N.	M = M / D = D / Y = Y = Y
Suite 500, South Building	Stata 7:n Co-1-	06 30 2014
City	State Zip Code	Transaction ID : 20140708115254-21
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27.08
Name of Employer	Occupation	
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	324.96	
Full Name (Last, First, Middle Initial) Jay Gellert		Date of Receipt
Mailing Address 21650 Oxnard St Ste 2200		06 162014
City	State Zip Code	Transaction ID : BACC71B0002642508754
Woodland Hills	CA 91367-4901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	Annual Contribution
Health Net, Inc.	President & CEO	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional)		5054.16
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TOTAL This Period (last page this line number	only)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

36

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140708115241-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation **Executive Director** BlueCross and BlueShield of Minnesota Receipt For: Aggregate Year-to-Date ▼ Primary General 874.98 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 30 2014 City State Zip Code Transaction ID: 20140708115254-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 874.98 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Hilferty Date of Receipt Mailing Address 200 Stevens Dr 09 2014 City State Zip Code Transaction ID: 34936C018CC642678744 PΑ Philadelphia 19113-1522 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. **Annual Contribution** Name of Employer Occupation President and CEO Independence BlueCross Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5166.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 36 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140708115241-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 30 2014 City State Zip Code Transaction ID: 20140708115254-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 13 2014 City State Zip Code Transaction ID: 20140708115241-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Burt Hudson Mailing Address 601 Pennsylvania Avenue	N.W.	Date of Receipt
Suite 500, South Building		06 30 2014
City	State Zip Code	Transaction ID: 20140708115254-25
Washington	DC 20004	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	†
America's Health Insurance Plans	Deputy Director, Client Learning Servi	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial) 3. Crystal Kuntz		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		06 13 2014
City Washington	State Zip Code DC 20004	Transaction ID : 20140708115241-28
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Vice President	Ĺ
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	999.96	
Full Name (Last, First, Middle Initial) Crystal Kuntz	•	Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		06 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 20140708115254-29
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	999.96	
SUBTOTAL of Receipts This Page (optional)		208.33
TOTAL This Period (last page this line numb	er only)	

	FOR LINE NUMBER:	PAGE 18 OF
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for each category of the Detailed Summary Page	X 11a 11b	11c 12
	13 14	15 16

36

Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		06 13 2014
City	State Zip Code	Transaction ID : 20140708115241-29
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Vice President, Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 3	
Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.		M M / D D / Y Y Y Y
Suite 500, South Building City	State Zip Code	06 30 2014
Unity Washington	DC 20004	Transaction ID : 20140708115254-30
	1 2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Vice President, Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.04	
Other (specify) ▼	300.04	
Full Name (Last, First, Middle Initial) Courtney Lawrence		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y
Suite 500, South Building		06 13 2014
City	State Zip Code DC 20004	Transaction ID : 20140708115241-30
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	583.31	
Other (specify) ▼	003.31	
SUBTOTAL of Receipts This Page (optional)		166.67
TOTAL This Period (last page this line number o	nly)	

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

36

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140708115254-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 583.31 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 13 2014 City State Zip Code Transaction ID: 20140708115241-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.96 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 06 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140708115254-32 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.96 Other (specify) 499.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W.		Date of Receipt
Suite 500, South Building		06 13 2014
City	State Zip Code	Transaction ID : 20140708115241-33
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Program Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.96	
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y = Y
Suite 500, South Building City	State Zip Code	06 30 2014 Transaction ID : 20140708115254-34
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Program Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.96	
Full Name (Last, First, Middle Initial) C. Amber Manko		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		06 13 / Y = Y = Y = Y
City Washington	State Zip Code DC 20004	Transaction ID : 20140708115241-34
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Administrative Assistant, Federal Affa	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.96	
SUBTOTAL of Receipts This Page (optional)		62.49
TOTAL This Period (last page this line number of		

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 11c

36

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140708115254-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Administrative Assistant, Federal Affa Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) B. Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 13 2014 City State Zip Code Transaction ID: 20140708115241-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 2014 City State Zip Code Transaction ID: 20140708115254-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 60.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER:	: PAGE	22 ()F
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Detailed Suffilliary 1 age	13	14	15	16	Г

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Paul Markovich Mailing Address 50 Beale St		Date of Receipt
Maining Address St Deale St		06 03 2014
City	State Zip Code	Transaction ID: 235637FFF49E4B4D9EC2
San Francisco	CA 94105-1813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
Blue Shield of California	President & CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
Other (specify)	2000.00	
Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		06 13 / Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID : 20140708115241-38 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial)		
Thomas Meyers		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		06 30 2014
City Washington	State Zip Code DC 20004	Transaction ID: 20140708115254-39 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		2040.00
TOTAL This Period (last page this line number	only).	

	FOR LINE NUMBER:	PAGE 23 OF
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	11c 12
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36

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Joseph Miller Mailian Address 201 B		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	I.W.	06 13 _ 2014 _
Suite 500, South Building City	State Zip Code	06 13 2014 Transaction ID : 20140708115241-39
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	104.17
Name of Employer	Occupation	-
America's Health Insurance Plans	General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1250.04	
Full Name (Last, First, Middle Initial) 3. Joseph Miller	•	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	.W.	M M / D D / Y Y Y Y
Suite 500, South Building City	State Zip Code	06 30 2014 Transaction ID : 20140708115254-40
Washington	DC 20004	Transaction ID : 20140708115254-40 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	104.17
Name of Employer	Occupation	-
America's Health Insurance Plans	General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.04	
Full Name (Last, First, Middle Initial) C. Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		06 13 / 2014
City Washington	State Zip Code DC 20004	Transaction ID : 20140708115241-40
	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	1
America's Health Insurance Plans	Senior Associate Counsel	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	270.84
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER:	PAGE 24 OF 36
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b	11c 12
	13 14	15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City State Zip Code Transaction ID: 20140708115254-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 13 2014 City State Zip Code Transaction ID: 20140708115241-42 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼	249.96	
Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City	V. State Zip Code	Date of Receipt 06 30 2014 Transaction ID: 20140708115254-43
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Product Policy Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

104.16

	FOR LINE NUMBER: PAGE 25 O	F 36
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Detailed Summary Page	X 11a 11b 11c 12	
	13 14 15 16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140708115241-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 1612.68 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 06 2014 City State Zip Code Transaction ID: 20140708115254-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 1612.68 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 06 13 2014 Suite 500, South Building City Zip Code State Transaction ID: 20140708115241-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee.

SUBTOTAL of Receipts This Page (optional)		Ī	Ī	7		7	Ξ	352	2.11	
TOTAL This Period (last page this line number only)			_	7		- 7			_	

999.96

Occupation

Aggregate Year-to-Date ▼

Director

Name of Employer

Primary

Receipt For:

America's Health Insurance Plans

Other (specify)

General

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 11c

36

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140708115254-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 13 2014 City State Zip Code Transaction ID: 20140708115241-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 2014 City State Zip Code Transaction ID: 20140708115254-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

36

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140708115241-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Vice President, Membership America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) B. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 30 2014 City State Zip Code Transaction ID: 20140708115254-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 13 2014 City State Zip Code Transaction ID: 20140708115241-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 83.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Name of Employer

America's Health Insurance Plans

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	IMBER	:	PAGE	2	:8 O	F	36
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		٦1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City State Zip Code Transaction ID: 20140708115254-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 13 2014 City State Zip Code Transaction ID: 20140708115241-50 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee.

Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1562.52	
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Executive V.P. Aggregate Year-to-Date ▼	Date of Receipt M
CURTOTAL of Propints This Power (autisms)		458.33

Occupation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Executive V.P.

	FOR LINE NUMBER:	PAGE 29 OF							
Use separate schedule(s)	(check only one)								
for each category of the	X 11a 11b]11c							
Detailed Summary Page	13 14	15 16							

36

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial) Kristin Stewart Smoot		Date of Receipt			
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	W.	06 13 2014			
City	State Zip Code	Transaction ID : 20140708115241-51			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	20.83			
Name of Employer	Occupation				
AHIP	Manager, Special Projects				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	249.96				
Full Name (Last, First, Middle Initial) Kristin Stewart Smoot		Date of Receipt			
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y			
Suite 500, South Building City	State Zip Code	06 30 2014 Transaction ID : 20140708115254-52			
Washington					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 20.83			
Name of Employer	Occupation				
AHIP	Manager, Special Projects				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	249.96				
Full Name (Last, First, Middle Initial) C. Rachel Terry		Date of Receipt			
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		06 13 2014			
City Washington	State Zip Code DC 20004	Transaction ID : 20140708115241-52			
		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.83			
Name of Employer	Occupation				
America's Health Insurance Plans	Senior Director, Business Development				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	249.96				
SUBTOTAL of Receipts This Page (optional)		62.49			
TOTAL This Period (last page this line number	only)				

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

36

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Rachel Terry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140708115254-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director, Business Development Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) B. Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 13 2014 City State Zip Code Transaction ID: 20140708115241-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140708115254-55 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 120.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 31 36 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140708115241-56 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 30 2014 City State Zip Code Transaction ID: 20140708115254-57 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) c. Brenda Weigel Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 13 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140708115241-57 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Digital Media Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) 187.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	MBER	:	PAGE	3	32	OF		36
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Americas Health Insurance PI	ans PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial) A. Brenda Weigel		Date of Receipt				
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	City State Zip Code					
Washington	DC 20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	20.83				
Name of Employer	Occupation					
America's Health Insurance Plans	Digital Media Coordinator					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	249.96					
Full Name (Last, First, Middle Initial) 3.		Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С					
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	1117				
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional).		20.83				
TOTAL This Period (last page this line number	er only)	17794.54				

SCHEDULE A /EEC Form 3Y			T 500 LINE NUMBER DAGE CO. CO.		
SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 OF 36 (check only one) 11a 11b X 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) Independence Blue Cross PAC (IBC Mailing Address 1901 Market Street City Philadelphia FEC ID number of contributing	State PA	Zip Code 19103	Date of Receipt M		
federal political committee. Name of Employer Receipt For: Primary General	Occupation	0450056 1 Year-to-Date ▼	5000.00		
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address		5000.00	Date of Receipt		
FEC ID number of contributing federal political committee. Name of Employer	C	Zip Code	Amount of Each Receipt this Period		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼			
Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С				
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)			5000.00		

TOTAL This Period (last page this line number only).....

5000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 34 OF 36			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Criccit Orliny	(check only one)			
	Detailed Summary Page	X 21b		23 24 25 26 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans	PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial)						
A. Citibank			Date of Dist	oursement		
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor			06 02 2014			
City	State Zip Code		Transaction ID : 6D11CC55F2341657E12			
Washington	DC 20004		Hallsacuc	JII ID . 0D11CC33F2341037E12		
Purpose of Disbursement Merchant Bankcard Fees		001	Amount of E	Each Disbursement this Period		
Candidate Name		Category/ Type		31.66		
Office Sought: House Disburse	ment For:	,,		,		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) B. Citihank			Date of Disl	hurcomont		
B. Citibank						
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	06 10 2014					
City	State Zip Code		Transactio	on ID : 8141327C8DCA19A6CBE		
Washington	DC 20004					
Purpose of Disbursement Merchant Bankcard Fees		001	Amount of E	Each Disbursement this Period		
Candidate Name		Category/ Type		31.66		
Office Sought: House Disburse	ment For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
C.	Full Name (Last, First, Middle Initial)					
Mailing Address	M M / D D / Y Y Y Y					
City						
Purpose of Disbursement						
			Amount of Each Disbursement thi			
Candidate Name	Category/ Type					
Office Sought: House Disburse	ment For:	,,		7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional).		·····•		63.32		
				00.00		
TOTAL This Period (last page this line number only)			63.32		

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S	CHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 35 OF 36			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
		Detailed Summary Page	21b		24 25 26 28c 29 30b		
_	.,		27				
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam						
	NAME OF COMMITTEE (In Full)						
$ \rangle$	Americas Health Insurance Plans F	PAC (AHIP PAC)					
_	Full Name (Last, First, Middle Initial)			Date of Disbursement			
Α.	Democratic Senatorial Campaign C	ocratic Senatorial Campaign Committee					
	Mailing Address 120 Maryland Ave NE			06 20 / 2014			
	City	State Zip Code		Transaction ID: 060A93A74BF0072F5AA			
	Washington	DC 20002		Transaction ib . 000	IA33A14BF0012F3AA		
	Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbu	ursement this Period		
	Candidate Name	_	Category/		7500.00		
	Democratic Senatorial Campaign C		Type		7500.00		
		nent For: 2014		1			
		Primary General Other (specify) ▼		1			
	State: District:	Contribution	1	1			
_	Full Name (Last, First, Middle Initial)						
В.				Date of Disbursement			
				M M / D D / Y Y Y Y			
	Mailing Address PO Box 235			06 20 2014			
	•	State Zip Code WA 98507		Transaction ID : F7E	E5FC1D5D6D1EDDB51		
	Purpose of Disbursement 2014 Primary		011	Amount of Each Disbu	irsement this Period		
	Candidate Name			Amount of Each Disbo	arsement this renou		
	Dennis Heck		Category/ Type		1000.00		
	Office Sought: House Disbursen	nent For: 2014					
		Primary General		1			
		Other (specify) ▼		1			
_	State: WA District: 10						
_	Full Name (Last, First, Middle Initial)	Date of Disbursement					
٥.	reedom Fund						
	Mailing Address 701 8th Street, NW			06 09 2014			
	Suite 500						
	City State Zip Code			Transaction ID: 4D:	338962BF5B551E7A2		
	Washington DC 20001 Purpose of Disbursement			1			
	2014 Contribution 011			Amount of Each Disbu	wasmant this David		
	Candidate Name Category/			Amount of Each Disbu	disement this Period		
	Freedom Fund Type				1000.00		
	Office Sought: Disbursement For: 2014			,	,		
		Primary General					
		Other (specify)					
	State: District:	Contribution	1				
_ ا	NIDTOTAL ACRIMINATION OF THE CO. ACRIMINATION OF THE CO.				9500.00		
L	GUBTOTAL of Disbursements This Page (optional)		·····•		3 3 3 3 3		
1	OTAL This Period (last page this line number only)						
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 36 OF 36					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		. 🗆 -			
	Detailed Summary Page	21b	22 X 23 24				
	<u> </u>	27					
Any information copied from such Reports and Stat or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans	PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)							
Friends of Kelly Ayotte			Date of Disbursement				
Mailing Address PO Box 937			06 09 7 2014				
City	State Zip Code		Transaction ID : 610AEFE38F285DA7BBB				
Manchester	NH 03105-0937		Transaction ib . 0102	(CI E301 203DA7 BBB			
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbur	sement this Period			
Candidate Name		Category/		1000.00			
Kelly A. Ayotte	_	Type		1000.00			
Office Sought: House Disburs Senate	ement For: 2016						
President	Primary General Other (specify) ▼						
State: NH District:	Carior (opcomy)						
Full Name (Last, First, Middle Initial)							
B. National Republican Senatorial C	ommittee		Date of Disbursement				
Mailing Address 425 Second Street NE				06 23 2014			
City Washington	State Zip Code DC 20002		Transaction ID : A879	99AD2A4E06BB833B			
Purpose of Disbursement	20002						
2014 Contribution		011		Amount of Each Disbursement this Period			
Candidate Name	•	Category/		7500.00			
National Republican Senatorial C		Туре	7300.00				
Office Sought: House Disburs Senate	ement For: 2014 Primary General						
	Other (specify)						
State: District:	Contribution						
Full Name (Last, First, Middle Initial)							
C. Volunteers for Shimkus			Date of Disbursement				
Mailing Address PO Box 661	ailing Address DO Boy 661			06 23 2014			
Mailing Address FO Box 601	20	2014					
City				Transaction ID : 2D651D663AEDFFD28A0			
Collinsville IL 62234-0661 Purpose of Disbursement							
2014 General 011			Amount of Each Disbursement this Period				
Candidate Name		Category/		0500.00			
John M. Shimkus				2500.00			
Senate	ement For: 2014 Primary General Other (coeff)						
State: IL District: 15	Other (specify) ▼						
10							
SUBTOTAL of Disbursements This Page (optional)			11000.00			
				20500.00			
TOTAL This Period (last page this line number on	ly)			20500.00			